1

OBJECTIVES

- Review patient safety cases and scenarios in various chronic conditions, and also specific to opioid and naloxone therapy.
- Enhance skills for helping patients with patient safety concerns in chronic conditions while improving the patient experience.
- Implementation of suggested step-by-step instructions and framework for the design and documentation of a patient safety plan both for provider and patient.
- Review support techniques available such as shared decision-making tools, communication about patients' specific health goals, and other various validated measures for patient safety.
- Review state laws in patient safety, opioid therapy, naloxone therapy and other relevant areas.

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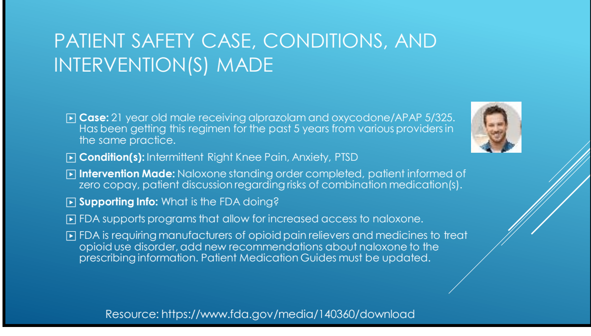

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PATIENT SAFETY CASE, CONDITIONS, AND INTERVENTION(S) MADE

- **Case:** A 10 year-old child (opioid naïve) was prescribed oxycodone 5mg/5mL, diazepam 5mg, ibuprofen 100mg/5mL, acetaminophen 160mg/5mL, Narcan 4mg/0.1mL.
- **Condition(s):** Patient broke his arm, and was in just released from the ER emergency room in a cast.
- **Intervention Made:** Naloxone standing order filled, Parents came in to pick up medications & initially denied the narcan due to the cost of $30.00 copay. Counseled parents on the importance of narcan and having immediately available in case of an accidental overdose.
- **Supporting Info:** Went through possible ways accidental use could occur (i.e. friend over, pets getting into med, younger siblings getting into bottle). Printed out literature for parents which included how to recognize an opioid overdose and the steps to take in case of an overdose.
- Counseled parents on step by step on how to administer narcan, especially since the patient had never taken any opioids previously.

Resource: https://www.nmhealth.org/publication/view/guide/6152/

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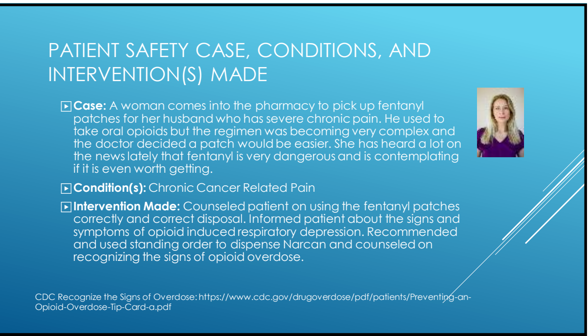

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PATIENT SAFETY CASE, CONDITIONS, AND INTERVENTION(S) MADE

- **Case:** 76 year old male appeared in the pharmacy medication therapy management list/portal for duplicate therapy (opioid – tramadol). Patient has been on long term oxycodone therapy x 2 years with tramadol as new medication added from a new provider he saw.
- **Condition(s):** Asthma, CVD, Chest pain, Constipation, Depression, Diabetes, BPH, Heart Disease, Heart Event, GERD, High blood pressure, High Cholesterol.
- **Intervention Made:** Oxycodone 5 mg tablets and Tramadol 50 mg tablet both work on 1 of the same pain receptors (mu) and with no Naloxone on patient profile. Called new provider to confirm addition of new therapy along with constipation risk (tramadol add on therapy confirmed). Discussed with patient the significance of naloxone, specifically with new tramadol therapy. Discussed bowel maintenance goals.
- **Supporting Info:** https://www.fda.gov/drugs/drug-safety-and-availability/new-recommendations-naloxone

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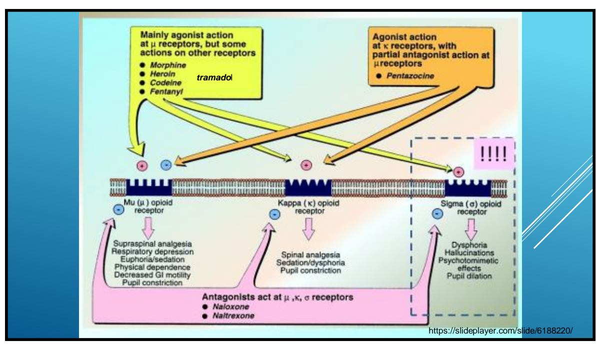

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PATIENT SAFETY CASE, CONDITIONS, AND INTERVENTION(S) MADE

- Case: 33 year old woman post root canal procedure prescribed Hydrocodone/Acetaminophen 5/325mg for pain. The prescriber instructed the patient to take 1 tablet every 6 hours as needed for pain. Narcan was covered in its entirety by the patient's insurance. The patient is opioid naïve and her wife comes to the pharmacy to pick up the prescription. She expresses concern over the opioid containing medication and its potential for overdose from what she's heard in the news.
- Condition(s): Post Dental surgery pain
- Intervention Made: Narcan education and administration display, opioid naïve patient counseling, **destigmatizing harmful stereotypes**
- Supporting Info: Medication Counseling points derived from *Micromedex*
  - Tell patient or caregiver to seek emergency medical care immediately after use
  - Advise patient and caregiver that symptoms of opioid withdrawal may occur in physically dependent patients, including neonates
  - Injection side effects may include dizziness, injection site erythema, dyspnea, pulmonary edema, and cardiac arrest, which can progress to coma, and encephalopathy
  - Intranasal side effects may include hypotension, musculoskeletal pain, headache, abdominal pain, asthenia, dizziness, headache, presyncope, and nasal discomfort, dryness, edema, congestion, and inflammation
  - Teach patient or caregiver proper technique and placement of injections
  - Instruct caregiver to keep the patient under continued surveillance and to administer additional doses every 2 to 3 minutes, if necessary, until emergency care arrives

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SKILLS FOR HELPING PATIENTS WITH PATIENT SAFETY CONCERNS

- **Communication made simple**
  - **Teach back method**
  - **Open-ended questions**
  - **Thorough on patient history, include supplements/OTCs and new or existing allergies**
  - **Shared decision making, be sure patient is aware of their personal situation and discuss their treatment options**
  - **Establishing patient trust**

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UNDERSTANDING HEALTH LITERACY

- Pharmacy health literacy is the degree to which individuals are able to obtain, process, and understand basic health and medication information and pharmacy services needed to make appropriate health decisions.
- Only 12% of adults have proficient health literacy (i.e. can interpret the prescription label correctly).
- Medication errors are likely higher with patients with limited health literacy, as they are more likely to misinterpret the prescription label information and any auxiliary labels.
- Studies document an association between low literacy and poor health outcomes.

9/10 PEOPLE

Agency for Healthcare Research and Quality: https://www.ahrq.gov/health-literacy/improve/pharmacy/index.html

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AHRQ Health Literacy Tools for Use in Pharmacies

- The Agency for Healthcare Research and Quality (AHRQ) has developed six health literacy tools for pharmacy:
  - 1) Pharmacy Health Literacy Assessment Tool & User's Guide.
  - 2) Training Program for Pharmacy Staff on Communication.
  - 3) Guide on How To Create a Pill Card.
  - 4) Telephone Reminder Tool To Help Refill Medicines On Time.
  - 5) Explicit and Standardized Prescription Medicine Instructions.
  - 6) How to Conduct a Postdischarge Followup Phone Call.
  - 7) Health literacy tools to improve communication for providers of medication therapy management.

AHRQ RESOURCE: HTTPS://WWW.AHRQ.GOV/HEALTH-LITERACY/IMPROVE/PHARMACY/INDEX.HTML

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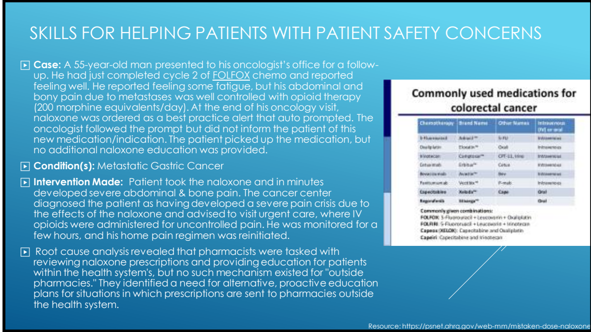

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ADDITIONAL TOOLS TOWARDS IMPROVING THE PATIENT EXPERIENCE

Review: Therapy Management (MTM) is a patient-centric and comprehensive approach to improve medication use, reduce the risk of adverse events, and improve medication adherence.

Comprehensive Medication Review (CMR) – an interactive person-to-person or telehealth medication review and consultation conducted in real time between the patient and/or other authorized individual, such as prescriber or caregiver, and the pharmacist or other qualified provider. CMR is designed to improve patients' knowledge of their prescriptions, over-the-counter (OTC) medications, herbal therapies, and dietary supplements; identify and address problems or concerns that patients may have; and empower patients to self-manage their medications and their health conditions.	Evidence-based guidance is essential to ensure that systems are in place to promote better understanding by patients. Conduct Brown Bag Medicine Reviews Communicate Clearly Use the Teach-Back Method Encourage Questions Address Language Differences Consider Culture, Customs, and Beliefs Connect Patients with Literacy and Math Resource: https://www.ahrq.gov/health-literacy/improve/pharmacy/medication-mgt.html

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ADDITIONAL TOOLS TOWARDS IMPROVING THE PATIENT EXPERIENCE

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ADDITIONAL TOOLS TOWARDS IMPROVING THE PATIENT EXPERIENCE

Targeted Medication Review (TMR) – ongoing medication monitoring that may address specific or potential medication-related problems. CMR may have multiple TMRs identified,	Examples: Opioid early fills Covid vaccine needed Suboptimal therapy (diabetes/statin) Adherence education

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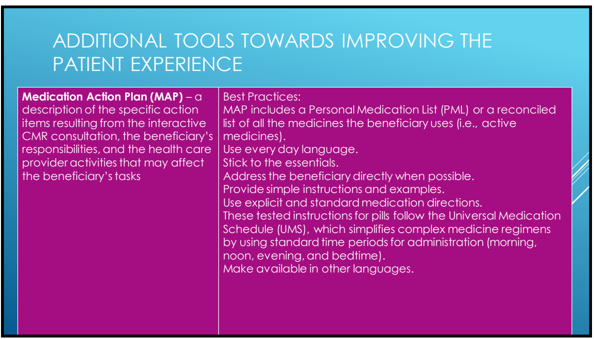

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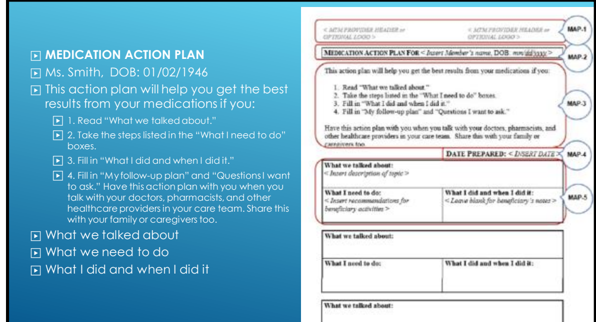

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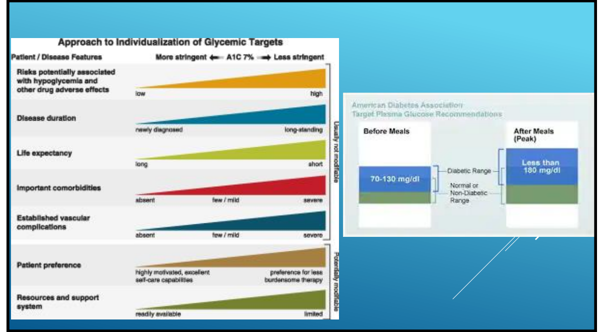

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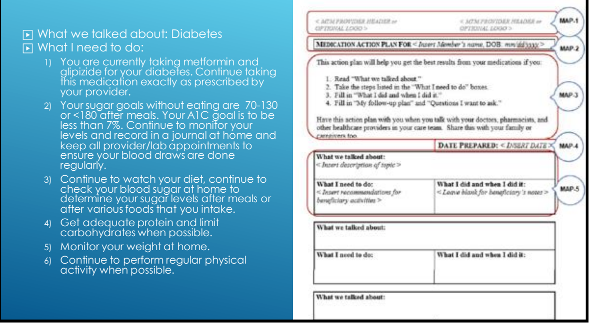

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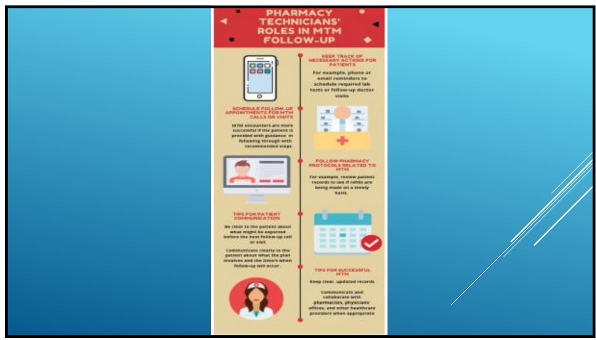

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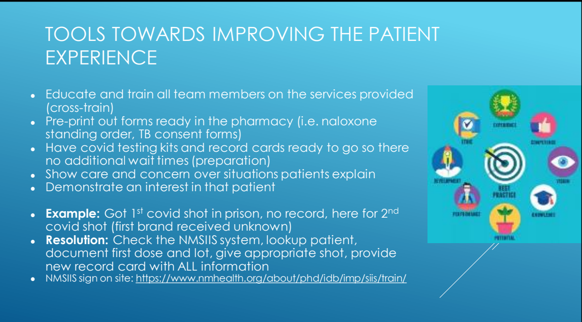

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TOOLS TOWARDS IMPROVING THE PATIENT EXPERIENCE

- **Medication Synchronization**
- **Medication Therapy Management Experience**
- **90 day Fills**
- **Automatic Fills**
- **Text Message or Email Refill Reminders**

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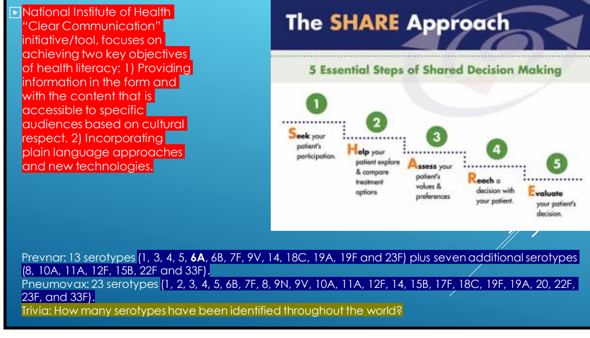

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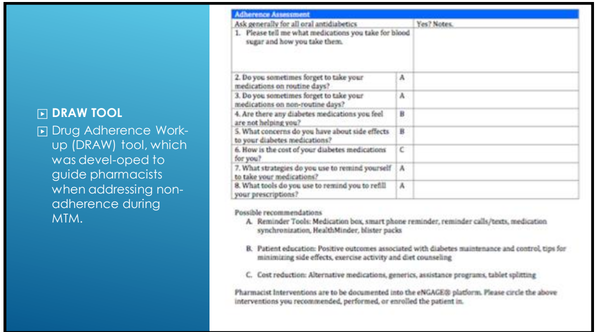
- **DRAW TOOL**
- Drug Adherence Work-up (DRAW) tool, which was devel-oped to guide pharmacists when addressing non-adherence during MTM.



Adherence Assessment		
Ask generally for all oral antidiabetics		Yes? Notes.
1. Please tell me what medications you take for blood sugar and how you take them.		
2. Do you sometimes forget to take your medications on routine days?	A	
3. Do you sometimes forget to take your medications on non-routine days?	A	
4. Are there any diabetes medications you feel are not helping you?	B	
5. What concerns do you have about side effects to your diabetes medications?	B	
6. How is the cost of your diabetes medications for you?	C	
7. What strategies do you use to remind yourself to take your medications?	A	
8. What tools do you use to remind you to refill your prescriptions?	A	

Possible recommendations

A. Reminder Tools: Medication box, smart phone reminder, reminder calls/texts, medication synchronization, HealthMinder, blister packs

B. Patient education: Positive outcomes associated with diabetes maintenance and control, tips for minimizing side effects, exercise activity and diet counseling

C. Cost reduction: Alternative medications, generics, assistance programs, tablet splitting

Pharmacist Interventions are to be documented into the eNGAGE® platform. Please circle the above interventions you recommended, performed, or enrolled the patient in.

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D. Prospective Drug Review

(1) Prior to dispensing any prescription, a pharmacist shall review the patient profile for the purpose of identifying:

(a) clinical abuse/misuse;
(b) therapeutic duplication;
(c) drug-disease contraindications;
(d) drug-drug interactions;
(e) incorrect drug dosage;
(f) incorrect duration of drug treatment;
(g) drug-allergy interactions;
(h) appropriate medication indication.

(2) Upon recognizing any of the above, a pharmacist, using professional judgment, shall take appropriate steps to avoid or resolve the potential problem. These steps may include requesting and reviewing a controlled substance prescription monitoring report or another states' reports if applicable and available, and consulting with the prescriber and counseling the patient. The pharmacist shall document steps taken to resolve the potential problem.

Taken from 16.19.4.16; Responsibilities of Pharmacist and Pharmacist Interns

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- **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**
  - Confidentiality-N.M. Code R. § 7.1.12.18

"**The Health Insurance Portability and Accountability Act (HIPAA) is a national standard that protects sensitive patient health information from being disclosed without the patient's consent or knowledge. Via the Privacy Rule, the main goal is to;**

Ensure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being."

https://www.cdc.gov/phlp/publications/topic/healthinformationprivacy.html

LAWS IN PATIENT SAFETY

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House Bill (HB) 370 – Opioid Overdose Education: (2017)

Increase access to naloxone and provide opioid overdose education. This will be done in three ways:

- **1.** Opioid treatment centers that provide methadone or other narcotic treatment to patients will be required to also provide naloxone to patients and provide education on opioid overdose.
- **2.** State and local law enforcement will be required to possess naloxone. Each law enforcement officer will receive education in overdose, including mouth-to-mouth resuscitation.
- **3.** Inmates with a diagnosed substance abuse disorder will receive naloxone and opioid overdose education upon their release

LAWS IN PATIENT SAFETY

Resource: https://nmlegis.gov/Sessions/17%20Regular/bills/house/HB0370.pdf

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16.19.29
Controlled Substance Prescription Monitoring Program

- Information about controlled substance prescriptions is available to healthcare providers to make informed decisions by knowing a patient's opioid history and current opioid medications
- The information is used by the Board of Pharmacy along with the Department of Health to help track unusual prescribing and usage of opioids, and overdoses with a goal to help determine causes of and solutions to opioid misuse

LAWS IN PATIENT SAFETY

Resource: http://164.64.110.134/parts/title16/16.019.0029.html

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Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act.

Federal requirement: Effective January 1, 2021 the SUPPORT Act requires electronic prescribing of controlled substance prescriptions under Medicare Part D, subject to any exceptions which the U.S. Department of Health & Human Services may apply.
State requirement: Effective April 1, 2021, pursuant to 16.19.20.42 NMAC, all controlled substance prescriptions in New Mexico must be electronically prescribed, unless an exception applies:

LAWS IN PATIENT SAFETY

http://www.rld.state.nm.us/uploads/files/Dear%20Prescriber.pdf

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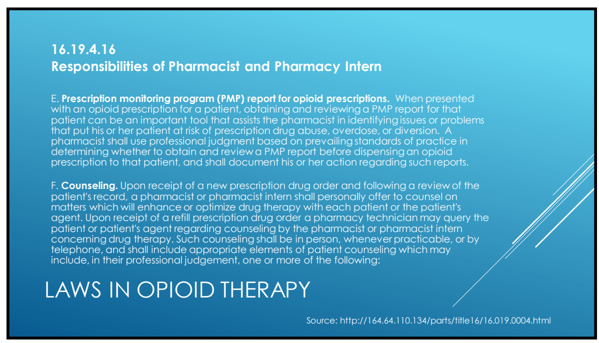

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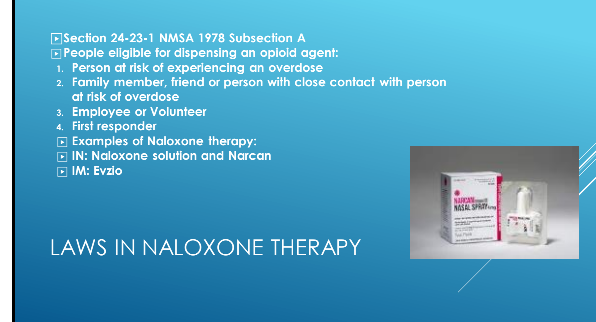

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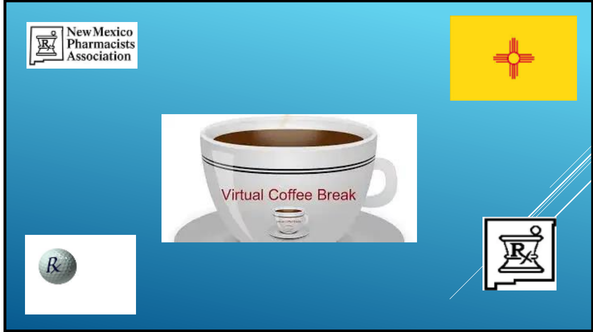

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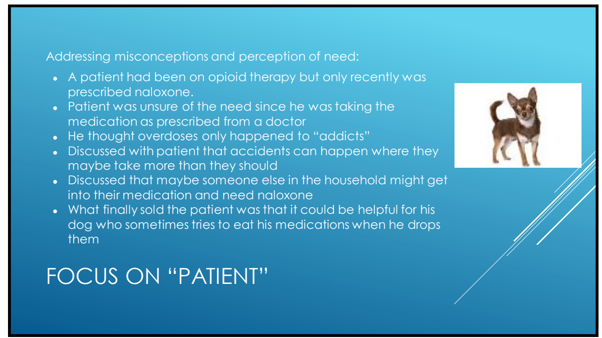

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- Examples of patient safety and advocacy
- Discussion of patient safety and accessibility

FOCUS ON "PATIENT"

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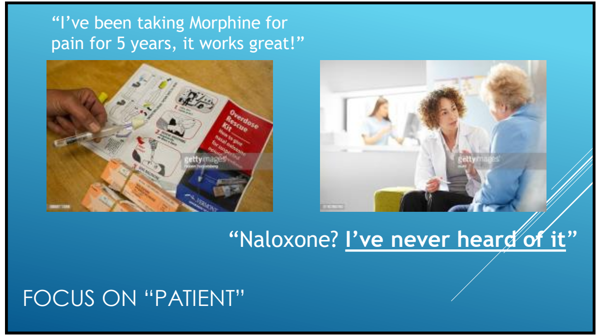

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- Patient safety measures should be and are performed in the pharmacy every day. Every condition. Every patient. Every employee.
- Many patient safety measures are part of our standard of care, but additional measures can be utilized.
- It is important to reiterate patient safety significance regularly to continue to members all the various tools available.
- Medication therapy management helps patient safety helps avoid or decrease errors and assists in positive outcomes and experiences

SUMMARY

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